

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>514-329</u> (514-329) <u>7652</u>	2. Fiscal Year Covered From <u>01 / 01 / 2005</u> Through <u>12 / 31 / 2005</u>
3. Name and address of person filing Name <u>Thomas P. Cronin</u> P O Box, Bldg Room No if any _____ Street <u>1606 WALNUT ST.</u> City <u>Philadelphia,</u> State <u>PENNSYLVANIA</u> ZIP Code + 4 <u>19103-5482</u>	4. Name, file number and address of labor organization Name <u>AFSCME District Council 47</u> Labor Organization File Number <u>514-329</u> P O Box Building and Room Number if any _____ Street <u>1606 WALNUT ST.</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19103-5482</u>
5. Position in labor organization <u>PRESIDENT AFSCME</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name <u>City of Philadelphia</u> <u>HARVARD UNIVERSITY</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>1401 JFK BLVD, Phila., PA 19102</u> City <u>CAMBRIDGE, MASS</u> State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction or Income <u>EXPENSES INCURRED PERFORMING DUTIES AS CHAIRMAN HEALTH & WELFARE FUND</u> <u>COSTS PAID BY HARVARD UNIV FOR EXPENSES INCURRED ATTENDING UNION LEADERS INSTITUTE</u> 7. b. Amount. <u>(see attached)</u> <u>\$5,190.52</u>

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas P. Cronin

On 4-10-06
Date

215-893-3715
Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 **9 Business deals with**☐ a Labor Organization☐ b Trust☐ c Employer**10 If 9.b or 9.c. is checked give trust or employer's name**Name Trade Name if any P O Box, Bldg. Room No if any Street City State ZIP Code + 4 **11.a Nature of such dealing****11.b Approximate dollar value of such dealing****12.a Nature of interest held or income received****12.b Amount.**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 **14.a Nature of payment.****13.b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b Amount of payment.**

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FOR Thomas Paine Cronin, President AFSCME District Council 47
Chairman, Health & Welfare Trustees

FILE NUMBER U-514-329

PERIOD January 1 through December 31, 2005

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(1) City of Philadelphia, PA

International Foundation Employee Benefits Conference - Honolulu, Hawaii
- 11/13/05 thru 11/16/05

Conference Fee	\$1,310 00		
Airfare	\$ 870 80		
Lodging	\$1,500 00		
Per Diem	<u>\$ 525 00</u>		
		Sub-Total	<u>\$4,205 80</u>

(2) Harvard University, Cambridge, Mass (Jerry Wurf Fund)

2005 Union Leaders Institute at Harvard University

Lodging, meals and miscellaneous		Sub-Total	<u>\$ 984 72</u>
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7 b Amount

GRAND TOTAL **\$5,190 52**